

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18281

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Laluse</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Rural Marshall Township</u>		c. CITY OR TOWN <u>Higbee</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS <u>Mo. State School</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) <u>Dean</u> c. (Last) <u>Shields</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 23 - 1934</u>	9. AGE (In years last birthday) <u>14 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Dean Shields</u>		13b. MOTHER'S MAIDEN NAME <u>Trixie Colley</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Mo. State School</u> ADDRESS <u>Marshall Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		ANTECEDENT CAUSES			43X	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-14, 1949, to 5-18, 1949, that I last saw the deceased alive on 5-18, 1949, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Kelly M.D.</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>5/18/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perchi cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell - Lewis</u> ADDRESS <u>Marshall Mo.</u>		BY <u>Bill Campbell Jr.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

97  
3

MAY 23 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-25-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 263

working under my personal supervision.

Student James H. Lewis  
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3869

P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.